FEC FORM 1		STATEME ORGANIZ			2012 M	RECEIVED IAR 12 AM II: MALLIGENTE	
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		ple:If typing, type he lines.	12FE4M5	4	
1	tee	to Elec		brian Du	syle to	Congre	<u>ss</u>
	1					· · · · · · · · ·	
ADDRESS (number a	nd street)	$P_{\cdot}O_{\cdot}B$		936		<u>i i l i l l l</u>]
(Check if a is changed)		IL Pipelin LikEN		\mathcal{D}	50 52	7921	
	Ĺ	AIKEN	ŀ <u>, , i</u> ,				
		· -	CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	address	Please provide only one			-	essorg	
COMMITTEE'S WEE	B PAGE ADDRE			N			
(Check if is change				toyletor c	m gress	<u>org</u>	_
2. DATE D	3 ' 66	2012					
3. FEC IDENTIFI	CATION NUME	BER CC	004	73199			
4. IS THIS STATE		NEW (N) OR		AMENDED (A)			
I certify that I have	examined this S	Statemen and to the be	st of mf k	nowledge and belief it	is true, correct a	nd complete.	
Type or Print Name	of Treasurer	fic?	M^{2}	tjacken		Manager and a construction of the second	
Signature of Treasur	rer A	(ia Mª	(na	la	Date	66 20	12
NOTE: Submission of		, or incomplete information CHANGE IN INFORMA				ne penallies of 2 U.S.C	C. §437g.
Office Use Only			1	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM (Revised 02/2009)	

,

L

.

12030753492

-)•∕**≂**

.

FEC	Form	1	(Revised	02/2009)
-----	------	---	----------	----------

· •

;

ł

5.	TYPE	OF CO	DMMITTEE
	Cano	didate	Committae:
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		Committee, to, Elect, Brian, Doyle, to, Congress,
	Candi Party	date Affiliatio	on Office Sought: House Senate President State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee:
	(d)	I	This committee is a (National, State or subordinate) committee of the Dem Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lebbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		0011	
		1.	En
		2.	FEC ID number C
		3.	
		4.	
l			

. . .

.

•

rite or Type Committee Nam	e						•																												
Committee		7	D		٤	2	e	c	ł	-	7	В	ſ,	1 C	۲	ר	-	I)c	24	1.	e	•	+	د		(<u>)</u> 0	n	લ	r	4	3	ŀ	
Name of Any Connected																																			r
	ł		I]	1			ļ			.		1		1		l		1		1	-		1	1					1					
			1												1		1				1	ļ											1		
Mailing Address	L	1								<u> </u>						ļ						1		1									<u> </u>		
	L												L		1	i.		!	 :						Ļ			1		į				1	
	L									L				j_]				1			L				L	1					- [_		1	
							٠		c	сιт	v											s	TAT	Έ					z	IP.	cc	ne			

ł

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	n.L. Doyle	<u> </u>	
Mailing Address	Illi Pipeline RD		
	L.A.KEN	<u> </u>	29802-1
Title or Position	CITY	STATE	ZIP CODE
Condidate.		Telephone number HC	24-1304-14995

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

.

Full Name of Treasurer Ric	0, McGruder			
Mailing Address	P.O. Box 936			
		1 1 1 1 1 1 1 1		
	CITY	stati	2 29802-	
Title or Position			E ZIP CODE	120 Ext
1 repsyligh	<mark>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</mark>	Telephone number	000-208-6	134 701 1
	··			J

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
		1.1.1.1.1.1	
Title or Position	CITY	STATE	ZIP CODE
	Telephone	e number] - [] - [
safety deposit boxes or			
safety deposit boxes or Name of Bank, Deposit	maintains funds.		
safety deposit boxes or	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. tory, etc.		

:

.

•

..**.**..

. ...

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS Registered/Certified** Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail Postmark Illegible** No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2005)